

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3		2					53				
4		2					54				
5		2					55				
6							56				
7							57				
8							58				
9		1					59				
10		1					60				
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12		1					62				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	19						TOTAL DEP.				
TOTAL CLAIMS	29						TOTAL CLAIMS				

	IND.	DEF.	IND.	DEF.
1	1			
2	1			
3		2		
4		2		
5		2		
6	1			
7	1			
8	1			
9		1		
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TOTAL IND.	10			
TOTAL DEP.	19			
TOTAL CLAIMS	29			

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL DEP.						
TOTAL CLAIMS						